

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000257	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT ALPHARETTA		STREET ADDRESS, CITY, STATE, ZIP CODE 11450 MORRIS ROAD ALPHARETTA, GA 30005	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate allegation intake GA00251838. No rule violations were cited as a result of this investigation.</p> <p>On-site visit was made on 12/12/24 and it was completed on 01/09/25.</p>		